


**2004 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2004**

**FILED  
May 06, 2004 08:00 AM  
Secretary of State**

**DOCUMENT # A0100000297**

1. Entity Name  
**GROVES PROPERTIES, LTD.**



Principal Place of Business  
**550 BILTMORE WAY, SUITE 740  
CORAL GABLES, FL 33134**

Mailing Address  
**550 BILTMORE WAY, SUITE 740  
CORAL GABLES, FL 33134**



2. Principal Place of Business  
Suite, Apt #, etc  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt #, etc  
City & State  
Zip Country

04162004 Chg-LP CR2E003 (10/03)

4. FEI Number  
**65-1081038**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

8. Name and Address of Current Registered Agent

**MARTIN, PEDRO A ESQ.  
C/O GREENBERG TRAUIG, P.A.  
1221 BRICKELL AVENUE  
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record **\$1,400,000.00**

10. Amount of Capital Contributions in FLORIDA to date

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>L01000003147 GABLES WATERWAY HOMES, LLC 550 BILTMORE WAY, SUITE 740 CORAL GABLES, FL 33134</b>	STREET ADDRESS CITY-ST-ZIP	<b>U00000160002 05/13/04-80004-007 526.25</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

**SIGNATURE:** Mairen R. Castro Mairen R. Castro 4/30/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #